KANSAS MEDICAL JOURNAL.

VOL. IX. TOPEKA, KANSAS, SATURDAY, JUNE 5, 1897. No. 23.

ORIGINAL ARTICLES.

Operation for Double Hare-lip.

BY W. R. PRIEST, M.D., CONCORDIA, KAS.

Read at the Thirty-first Annual meeting of the Kansas Medical Society, Topeka, May 12-14, 1897.

To the members of the Kansas Medical Society: In considering the general technique of the operative procedure for the cure of double hare-lip, and the proper age to make the operation, we are confronted with a number of different opinions. A great number, however, defer the operation until the second year of life, if the nutrition of the child can be maintained with the deformity. I can see no reason for deferring this after the child is two months old, notwithstanding the child should be only moderately well nourished. Assuredly this operation should be done before dentition. The operation at the second month will secure the best effects on the soft parts. The principal objection that could be raised against an early operation is the fatality from hemorrhage, and in non-union from tearing out of the stitches.

These objections I do not consider of material consequence if the operative procedures I have adopted are carried out.

Hare-lip, complicated with fissure of the olveolus, and protrusion of the intermaxillary bone, is the most difficult of this class of cases to treat. Not unfrequently the intermaxillary bone is decidedly prominent, the septum continues forward so that the intermaxillary protuberance has almost the appearance of a continuation of, or an appendage to tip of the nose. In this class of cases, and with those of a much less degree of prominence, with a high nose the removal of a triangular shaped piece of vorem, together with its covering as indicated in Blandin's original operation, is the most commendable. For the removal of this triangular piece I advise a pair of medium size scissors, curved upon the flat, and a pair of medium size straight scissors.

And for the control of hemorrhage at this point, I have removed a great objection to this operation by ligating the arteries on each side of the vorem behind the posterior line of proposed incision, which is very much preferable to the compression loop of Burns, both in preventing hemorrhage, and convenience of ligating.

The needle used in passing the ligature is of material importance. A round, strong and well curved needle, about three-fourths of an inch in length, and the size of a millinery needle, is the only one that can be used effectually, and without danger of injury to these arteries, remembering thet a severance of these arteries at this point is very liable to occur with a sharp-edged needle, and is of serious consequence, as these arteries are scarcely compressible with artery or tissue forceps, owing to their being imbedded in hard tissue.

Another essential point in favor of removing a triangular piece of the vorem and its coverings, in the class of cases I have mentioned, is the lines of incision should extend about one-fourth of an inch into the cartilege of the septum, which is material in order to effect a reduction of the protuberance so as to give the desired effect, and a relief of pressure of extension, that may prevent union of the parts. The next procedure is in shaping the end of the nose, which requires consideration to make the septum the proper length, shape and

heighth. The removal of the incisor teeth is necessary, and the paring of the edges of the superior and intermaxillary portions, except the labrial of the fissure, for complete evaporation, reduction and engagement of the projection between the edges of the superior maxillary, which is maintained in position by stitching the pared surfaces of the inter and superior maxillary, and by strapping down, and bringing the soft parts on each side in opposition with surgeons adhesive plaster. This completes the first operation.

The stitching of the maxillary portions together in the roof of the mouth has a two-fold purpose: first, to maintain the intermaxillary in position, and for the closure of the roof of the mouth portion of cleft.

This procedure of stitching is not described so far as known by the writer, and is a much needed addition to the operation, as a fissure in this situation would be a great source of annoyance.

The passing of the sutures is much facilitated by the removal of the incisor teeth, and the incisions for removal are made on each side of the intermaxillary.

After a period of two or three weeks the modified tissues have resumed a normal condition, at which time the second operation should be performed for the closure of the fissures of the labia.

The first step in this portion of the operation is the control of hemorrhage of the lips. I have found a useful device in Langenback's clamps applied at each corner of the mouth which obviates the hands of an assistant.

Before passing the stitches in the soft part for coaptation the edges of the labial tissues of both fissures must be pared freely well up to the alae of the nose, and down, removing the round portions of the lips coming out, as near as practicable on a level of the transverse line of the lip. As a rule the tissues covering the intermaxillary portion will have the appearance of a key stone, and will elongate when the stitches are applied giving the natural prominence at this point. In this portion of the operation you will have practically all of the tissues left for another operation in case of non-union.

If the lips are short and contracted, they should be separated from their attachment to the gum. Should the lip on one side be much shorter than the other, the attachment to the gum on that side should be separated, which will equalize the sides in a great measure.

In this operation there are certain points to be kept in view; the most essential of which is union by first intention. In order to accomplish this the edges of the cleft must be acurately brought together so that the line of the lip is even, and maintained in such position until union has taken place. Therefore a position of immobility should be secured, and there is no stitch so effectual as the deep stitch of silkworm gut.

Two of the deep stitches are all that is necessary. They should be introduced one-half inch from the edge of the lip, coming out at a corresponding point on the other side, passing through the intermaxillary portion.

These stitches are held in position by perforated bullets, which is much preferable to the button or quill sutures, as this manner of holding the stitch does not interfere with the circulation, and obviates the extra stitch. These stitches should not penetrate the mucous surface. The mucous edges will not need additional stitches. Should the wound gap at the junction of the skin superficial stitches of cat-gut can be used.

Should there be a retraction at the points of union producing a notch, Nelaton's operation for a single hare-lip could be easily and effectually performed.

Double hare-lip, complicated with a mild displacement, can be reduced by a sub-periosted excision of vomer, as described in a modification of Blandin's operation. The uncomplicated can be effectually operated on as a single hare-lip of the deep suture.

DR. J. E. MINNEY returned this week from Chicago, where he has been doing some work in the hospitals and colleges.

The Operable Heterophoriæ.

BY B. E. FRYER, M.D., KANSAS CITY, MO.

Written for the Kansas Medical Society.

The object of this brief paper is to consider what heterophoric cases can be benefitted by tenotomy, and also those which had better be treated without operation. Of course, the oblique muscle insufficiencies are excluded so far as operative measures are concerned.

I would premise by stating that even with perfect muscular balance in any case we must have a certain amount of muscular power in reserve—that is, we should not use for any length of time more than one-third of the muscular power, any more than we should expect our patients to apply more than one-half of their accommodation. And in treating all muscular anomalies these points are to be borne in mind.

The methods of ascertaining the muscular insufficiencies need not be mentioned here. I would simply say that I use the Stevens phorometer and also the double prism, the latter for the obliques; while for testing the power of the recti muscles I use the Alleman instrument.

I would state, moreover, that I am not satisfied with one, two or three tests, but repeat the examination many times before deciding finally as to the degree of insufficiency in any given case. The necessity for this will be obvious to any careful ophthalmologist, it being well known how varying during the day is the ocular muscular power. I would also add that the muscular tests are made while the eye is under no mydriatic and also with mydriasis. The muscular tests are also repeated after use of any refraction errors are corrected and the corrective lenses worn for some time.

If, after these preliminaries are gone through with it is found that there is an esophoria, both for distant and near working, and that the latter is equal to 5 degrees, I do a tenotomy of the internal rectus.

For esophoria, if it be found that at distance this latter insufficiency equals from 3 to 4 deg. prism, with 6 to 8 deg. prism for near work, I cut the external rectus tendon. With hyperphoria, which is rarely over 1 degree, we generally can do with prisms.

Within the last few months I have operated on several cases with complete relief of the most distressing eye and brain strain symptoms. Several of the cases had been seen by prominent oculists and the muscular anomalies had been overlooked or underrated. I need not give these cases in detail, but would urge that each case of muscular insufficiency be fully studied *pari passu* with the study of any refractive anomally, and if the condition as indicated warrants a tenotomy, do it. I must insist that no operation should be undertaken unless the clearest indications for it exist.

A fair number of cases of heterophoria will be found in which there is a marked visual incapacity of one eye. These people frequently suffer markedly from muscle troubles, and generally can be relieved by operative measures.

The operation of tenotomy is without result, I believe, if the tendon be only partially divided, but the amount of the operative effect is regulated by not interfering with the attachment of the tendon to the conjunctiva.

Dr. Charles E. Sajous, editor of the *Annual of the Universal Medical Sciences*, who has lived for some years in Paris, will soon return to Philadelphia. He has been appointed professor of layrngology and dean of the faculty of the Medico-Chirurgical College of Philadelphia.—*Medical Record*

The Medical Society of the County of Kings, which recently celebrated its seventy-fifth anniversary, has secured a lot at Bedford Avenue and Dean Street, Brooklyn, upon which it will erect a building for its permanent home—*Medical Record.*

Kansas Medical Journal.

PUBLISHED WEEKLY

BY THE UNION PUBLISHING COMPANY.

SUBSCRIPTION PRICE, INCLUDING POSTAGE:

Per annum, in advance..... $1 00
Single copies..... 15 cents

Subscription may begin at any time. The safest mode of remittance is by bank check or postal money order drawn to the order of the undersigned. When neither is accessible, remittances may be made at the risk of the publishers by forwarding in Registered Letter. Address

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TOPEKA, KAS.

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Topeka, Kansas, Saturday, June 5, 1897.

Neglected Education.

A few years ago when children had learned to read, and write and "cipher" they were considered to have been educated. The course of instruction in public schools has gradually progressed until the arts and sciences are no small part of a common school curriculum. Education and refinement are now a common characteristic of the American people. The promotors of the higher education theory have succeeded in introducing into the school curriculum a course of physiology. It is essential that the well educated youth should know something of the human anatomy and of the physiologic functions of the same, and it is necessary that what he is taught as a youth shall be correct, and according to physiologic laws. It is not good policy to mislead our children by instructions prepared simply for the purpose of impressing them with the deleterious effects of alcohol. They should be taught facts, and those facts which will be of most service to them as men and women. The effects of vice can be taught by facts, and it is entirely unnecessary to present misleading experiments for this purpose. It is sometimes a question how far the subject of physiology should go in our school instruction. These are subjects of vast importance which every boy and girl should be informed upon, which our school board and teachers seem to think should be excluded from their education.

There is no function of the human body which cannot be safely and properly taught to intelligent children if it is done by an intelligent teacher. A knowledge of the functions of the generative organs is more important to the boy or girl at the approach of manhood than the classic features of the high school course. The girl who understands thoroughly herself is seldom led astray by a misguided passion, and the boy who is made familiar with the functions of his generative organs will seldom be guilty of abusing them. Asexualization as a prevention of crime has many features to recommend it, but it must always bear the same relation to prevention by education as the treatment of disease to its prevention.

It is usually argued that these subjects should be taught by parents, but what ought to be done and what is done are different things, and many of the results of ignorance are before us. It is the duty of physicians to urge that some change should be made in the plans of instruction, and the subject of physiology should be taught by competent instructors, and with a view to imparting knowledge which will be of value.

DR. L. C. DUNCAN has gone to New York for a few week's post-graduate work. Dr. Duncan is one of our professors of anatomy in the Kansas Medical College.

Reciprocity in Medical Licensure.

Dr. William Warren Potter, of Buffalo, president of the National Confederation of State Medical Examining and Licensing Boards, chose this for the subject of his annual address at the seventh annual meeting of that body held at Philadelghia, May 31, 1897. He first paid tribute to the memory of Dr. Perry H. Millard, of St. Paul, then in an introduction reviewed some of the essential points of progress that had been made in State control of medical practice, and finally considered his subject.

The Problem—The most important question now to be discussed pertains to the inter-state exchange of licenses, and every friend of State control is interested in establishing this principle. It is one of the objects this confederation is laboring to accomplish, but a most difficult problem for solution. A national registration bureau is desirable where legally qualified and reputable physicians may be recorded—physicians whose name appears on this register to be allowed to pass from State to State in the enjoyment of all privileges pertaining to the practice of medicine. Those chiefly agitating the question of reciprocity, however, are specialists who desire to spend profitable vacations at summer resorts, and do not relish the idea of taking State examinations in the localities chosen for their holiday practice. Another class of men, compelled by circumstances to change residence, is more deserving of sympathy; they take the examinations uncomplainingly. Shall a State require of its own citizens a compliance with its practice laws while granting to thrifty summer specialists exemption from their operation? As the State laws forbid discrimination against the inhabitants of each, there is both a legal and moral bar to such exemptions.

Obstacles to Reciprocity—A quality of standards for admission to the study and practice of medicine is the only enduring basis on which reciprocity can be established. When the several States adopt a uniform level of preliminaries; a uniform period of collegiate training, including uniformity of methods of teaching; and finally, an absolute similarity in the methods of conducting State examinations and granting licenses, then reciprocity will be equitably and permanently established. It is important for the State medical examiners to come to an agreement on these several points that they may act with intelligence on a common platform. The State imposes a post-graduate examination, and none should be admitted to it who are not holders of diplomas legally obtained from registered and recognized colleges. It is understood, of course, that there must be established a uniform system of recognising and registering medical schools in the several States.

The Solution. Legislative Enactments—The remedies lie in legislative enactments. Those who most loudly and persistently demand inter-state indorsement aim their criticisms at examining boards; whereas they have nothing to do with the question. The statutes in States that have established licensure prohibit inter-state exchange except between such as have equality of standards. The demands of the restless and migratory doctors must be taken to the State legislative halls. Meanwhile, the members of this confederation may assist in bringing the matter to a more speedy conclusion by acquainting their legitlatures with the difficulties to be overcome, and by urgently recommending the adoption of such amendments to existing laws as will meet and remove the present defects. Great care must be exercised, however, in the preparation of amendments; the State laws are for the public weal, reciprocity is only for the few. Amendments to existing statues should be proposed only through State medical examining boards or State medical societies. They are familiar with defects, and best know the remedies needed. When legislatures can be persuaded to turn a deaf ear to all amendments that are proposed outside of official source it will be a happy day for the friends of State license. The object of this discussion is to divert further criticisms of the delay of reciprocity into the proper channel. If legislators could be made to appre-

ciate the fact that public health interests are involved in the question of State license; that every attempt to weaken the principle is a blow at public sanitation, and that higher standards of medical education mean better health for the people, then perhaps it would be easier to obtain and maintain the necessary laws to protect the commonwealth against that kind of ignorance, superstition, or super-refinement that always lurks in the environments of quackery.

Therapeutic Application of Chloroform in Labor.

North Carolina Medical Journal.

The loyal devotion to true obstetric science demands that chloroform in labor should be exhibited just as other therapeutic agents in the treatment of other maladies. We forget that delivery is not a pathological process, but a physiological function; that it becomes pathological only when conditions arise to convert a eutocia into dystocia, or when physical conformation of the pelvis is such as to prevent the accomplishment of natural delivery by mechanical obstruction, from errors in the pelvic conformation, malposition of the child, or monstrosity. When labor has become pathological in character, and operative interference, manual or instrumental, is demanded, with the dangers of exhaustion from prolonged agony or the addition of surgical shock, the case passes to the domain of the surgeon, so far as the unquestioned exhibition of chloroform is concerned, just as an anesthetic is demanded in any surgical procedure as a safeguard to life. Or when the condition of the mother is such that her life is imperiled by the supervention of convulsions from existence of any of the systemic conditions which, predisposing to such complications, become active factors so soon as the stimulus of pain or the concentration of poison to the nervous system sets in motion the morbid phenomena, which manifest themselves by an outward explosion, jeopardizing the life of the infant and the mother.

The question resolves itself into this problem—in what cases should chloroform be administered; at what stage of labor; what dangers arise in consequence; at what stage do these complications arise; the best means of combating them; and finally, is it justifiable to administer chloroform in natural labor progressing with satisfactory rapidity?

In the first stage of the administration of chloroform we have its stimulant effect. The second is the stage of narcosis. In the third stage, the functions of the spinal cord are abolished, as those of the brain—this is the surgical stage; and in the fourth we have the condition of complete paralysis—death usually by overpowering the respiratory centre first. The modes of death are from reflex irritation of the cardiac ganglia; from epileptiform syncope in the stage of stimulation; from paralysis of respiration; from paralysis of heart; and finally, from depression by the chloroform narcosis and shock. Chloroform diminishes the excitability of the muscular system and its capacity for work. If prolonged it exhausts muscular irritability. It interferes with oxidation of the blood, and thus becomes toxic to the fœtus. Its stimulant action on the vaso-motor centre is doubtful.

Now, as a practical deduction from these facts as to the action of chloroform, let us apply them to a solution of the queries as enunciated before. As to suitable cases for the administration, we need not consume time in discussing; every skillful and experienced obstetrician will point to those cases in which the pains are nagging and exhaustimg—in rigid os, in great nervousness and restlessness. I think too, that except as just stated, it should not be administered until the second stage of labor is well established, and at the latter part of that stage, and withdrawn so soon as the occiput has passed the ostium vagina.

The most serious question is as to the dangers arising from the exhibition of chloroform in labor, and it is with this question that I would deal with the greatest emphasis. Note the danger from reflex irritability, with incomplete anesthesia; it is at least worthy of investigation that if fatal

influence from chloroform does not manifest itself here, still its effect on the heart, through the cardiac ganglia, may be potent enough to, at least, predispose to hemorrhage, or to weakened heart action during convalescence, with the condition of debility consequent upon it. But the obstetric stage is the beginning of narcosis; it is difficult to keep the patient at this point. Lack of appreciation of what is going on interferes with voluntary assistance. One of its physiological effects is to diminish muscular excitability to interfere with muscular capacity for work. Pains are consequently less potent and effective in expelling the child; there is much greater muscular tire, and the natural consequence is that when the second stage is completed, danger of hemorrhage is much greater from incomplete condensation of the uterus, and I have often seen it occur. The uterus is left in such condition as to make subinvolution, with all the ills that follow in its train almost inevitable.

The spongy condition of the womb makes the patient much more liable to septic infection. Not only so, but often have I seen labor suspended; nor on the withdrawl of the chloroform, did the uterine pains return with desirable efficiency; evidently its effect on the uterine muscle was toxic in character, and instrumental delivery became a necessity, the agent having transformed a simple physiological process into a pathological one—thus adding to the peril of the mother. The interference with oxidation of the blood endangers the life of the child, and I make bold to assert my belief that its use in natural labor increases the percentage of stillbirths. Nor are these the most serious risks. Though few deaths have been reported from chloroform in obstetric practice, it is a question if death supervening in many cases within forty-eight hours after delivery, and reported a heart-clot, etc., may not have been due to the depression from long-continued administration of chloroform, plus the shock of labor. In the cases where the uterine contraction is not interfered with, and the woman holds her breath, fixing the chest-wall to more efficiently bear down, she is put in a most favorable condition for the occurrence of epileptiform syncope, when chloroform is being administered; and the retention of carbonized blood in the brain may under such condition overwhelm the nervous system.

I would lay down the proposition as an axiom, that whenever chloroform has been administered, a full dose of ergot should be given as soon as the head is delivered or the second stage of labor completed. I would suggest also that it is safe practice to give a full dose of quinine (gr. x) at the beginning of the second stage of labor when chloroform is to be exhibited, or belladonna, or one or more doses of nitroglycerine; especially will this last tend to antidote the nausea following chloroform administration. The hypodermic injection of atropine (gr. 1-120), or sulph. strychnia (gr. 1-60), will undoubtedly add to the safety of the patient. We must not lose sight of the fact that in obstetric use of chloroform (which is usually conceded as the safest field for its use), the patient is much longer under the influence of the anesthetic, and that the stimulus of constantly recurring uterine contractions, of a painful character, which are supposed to antidote the ill effects of the chloroform by constantly arousing the patient, may be absent, or fail to exercise the stimulant effect usually a consequent of pain.

In the light of the foregoing facts, I most earnestly avow my belief that we, as physicians, should place chloroform upon the same platform as other drugs; not to be influenced by our sympathies aroused by the pleadings of patients, or the fashionable routine of the day, but initiate a much needed reform in our obstetric work, chloroform being administered, as other agents, when the indications in the case imperatively demand it—not unless.

A Twenty-six Year Old Grandmother.

Dr. H. O. Hyatt tells in *The Philadelphia Polyclinic* of a girl who bore an illegitimate daughter one month before her thirteenth

birthday. This daughter menstruated at eleven years, was married at twelve, and herself bore a son one month before reaching the age of thirteen. The girl grew four inches in height after giving birth to this child, and has since born seven children. The writer says she is in fair health, and shows no signs of premature age.

Expectoration and Tuberculosis.

The Medical Age.

"Is spitting a crime?" queries an exchange.

Not that anyone ever heard of, except in the blatant lucubrations of those callow members of the profession who, eager for notority, rake heaven and earth for excuses to place their names before the public.

The expectorating habit is incomparably nasty—especially so when practiced in street-cars and other public vehicles, or employed to filthify floors and footwalks; but it does not bring one tithe the danger to the community at large that obtains to the acceptation and toleration of other habits, perhaps fully as nauseating and disagreeable. It is still permitted for street and other railway companies to pack their cars with from twice to ten times the number of miscellaneous humanity they were intended to accommodate, there to breathe over and over an atmosphere polluted by the exhalations of both the ill and the strong, the washed and the unwashed; there is hardly a hall, church or theatre that is in any sense ventilated; not a house or building of any kind is ever so erected that it will carry off the products resulting from the combustion of either natural or illuminating gas; whole blocks with outside privies and reeking vaults cleaned at most but once a year still exist in all our large cities; the feather bed, which is never cleansed, exists in two-thirds of the houses; the odors of rendering-vats, tanneries, sewers, etc., receive the most scant attention; smoking chimneys are rarely if ever interfered with; sleeping and palace-cars are permitted to foster vermin; the smoking habit in many cities renders the street-car an unfit place for any cleanly person, and the crowding of street-car platforms is more likely to result in contagious disease than all the expectoration that can take place thereon. All of these are far more dangerous than the spitting habit, and yet they attract little or no attention.

Really, has all the nonsense that has accrued to tuberculosis during the last decade in the least lessened the number of cases or mitigated the course of the disease? Not at all. Consumption still continues, and will ever obtain so long as "advanced views" prevail, both regarding the management of the malady, and of the demands of civilization. On the contrary, consumption is constantly increasing the number of its victims, not because it is contagious—for it is not; not because it is infectious—for even this is doubtful except in rare and isolated instances; but because the habits of life inculcated by so-called advancing civilization tend to prepare more fertile soils for the germ. Guinea-pigs, under abnormal and unhealthy methods of life, may be made to develop a malady that is held to be tuberculosis with the greatest of ease—they are the most susceptible of all the creatures used by man for experimental purposes; but this proves nothing as regards anything but the "pig" and the experimenter. In fact, would-be pathologists place the cart before the horse, and while advocating prophylaxis *et al.*, attack everything but the real factor—improper methods of living, including crowded tenements, late hours, careless exposure, unhealthy and indigestible food, etc. Needless to add, any enactment looking to rendering spitting a crime must needs become a dead letter before it is engrossed in the book of statues.

What a puerile mass of rubbish filters from untutored and inexperienced minds in these days! Medical literature is swamped therewith. Medical science has become a synonym for ignorance, for guesswork, and for the exploiting and fostering of nostrums—a score of such guaranteed to cure tuberculosis have been relegated to oblivion within the past five years, but they still come.

The first need of the profession and of medical schools is the induction of common

sense, instead of as now praising every will-of-the-wisp. When Nature's laws are obeyed by every one, then and then only will tuberculosis disappear; but as the human race is at present constituted, there is no possibility of such consummation, and the probabilities are that consumption will hold its sway to the end of the world. Its victims are for the most part voluntary, in the sense they wilfully and knowingly disobey the commonest of Nature's laws. The mercantile side of life too is in a measure to blame, as well as the advocates of advanced womanhood. The female is more prone to tuberculosis than the male, and atop of this she nowadays seeks the employments that do not belong to her sex, chiefly clerical, and often for the purpose of securing gewgaws with which to dazzle her lovers, to excite the envy of her sisters, or perhaps in an endeavor to claim a social rank that does not pertain to her station in life. Confined to typewriter or desk, to machine, to printer's case, to the shop counter she, at a reduced rate, caters to the cupidity of her employers, sends men to the street as beggars, and thus plants in her own body the seeds that lead to an early grave. Her place in the economy of the world, which would insure health to herself and to her future offspring, remains vacant; she in consequence is condemned to diet that would ruin the digestion of an ostrich: is rendered unfit for any of the duties of womanhood, and when married brings into the world children already ripe for the fell and insidious disease.

Moral: Reform our sociology. Rather make the employment of women in places for which they are unfitted the basis of legal enactment. In other words, don't strain at the tubercular gnat while swallowing the consumption camel.

Starving on Beef Tea.

Indian Lancet.

It is generally believed that beef tea, and animal broths of all kinds are nourishing. The most recent medical authorities assure us that this is a mistake. In order to combat what it calls "The Beef Tea Delusion," *Modern Medicine* (March) publishes an article consisting largely of quotations from a high modern authority. We produce several paragraphs below:

"The late Dr. Austin Flint remarked on one occasion that thousands of patients have been starved to death while being fed on animal broths, beef tea, etc. No error could be greater than the notion very commonly held by the laity, and still quite too largely entertained by the members of the medical profession, that beef extracts, beef tea, bouillon, animal broths, etc., are peculiarly nourishing in character. We can adduce no better evidence to the contrary than is afforded by the following paragraphs from "Bunge's Physiological and Pathological Chemistry," one of our latest and most reliable authorities:

"We must guard against supposing that meat buillon possesses a strengthening and nourishing influence. In regard to this, the most delusive notions are entertained not only by the general public, but also by medical men.

"Until quite recently the opinion was held that bouillon contained the most nutritive part of meat. There was a confused idea that a minute quantity of material—a plateful of bouillon can be made from a teaspoonful of meat extracts—could yield an effectual source of nourishment, that the extractives of meat were synonomous with concentrated food.

"Let us enquire what substances could render bouillon nutritious. The only article of food which meat yields to boiling water is gelatin. It is well known that albumen is coagulated in boiling, the glycogen of meat is rapidly converted into sugar, and this again into lactic acid. The quantity of gelatin is, moreover, very small, for a watery solution which contains only one per cent. of gelatin coagulates on cooling. Such coagulation may occur in very strong soups and gravies, but never in bouillon. Bouillon, therefore, contains much less than one per cent. of gelatin. In preparing extract of meat, the quantity of gelatin is reduced as much as possible, because it is in

a high degree liable to putrefactive changes, therefore likely to interfere with the preservation of the preparation. The other constitutents of bouillon are decomposition products of foodstuffs—products of the oxidations and decompositions which take place in the animal organism. They cannot be regarded as nutritious, because they are no longer capable of yielding any kinetic energy, or at most such a small amount that it is of no importance whatever.

"Nevertheless, until the most recent times creatin and creatinin, which are among the chief constituents of meat extract were regarded as the source of energy in muscle. This assertion was shown to be untrue by the researches of Meissner and of Nott, who proved conclusively that creatin and creatinin are excreted in the urine twenty-four hours after their absorption without loss. A material which is neither oxidized nor decomposed cannot form a source of energy apart from the fact that the quantity of creatin and creatinin which is absorbed in bouillon is so small that it could not possibly be seriously regarded as the source of muscular energy."

The Surgery of the Country Practitioner.

International Journal of Surgery.

The surgical work of the country practitioner is varied in its scope, but it may be said that it consists to a very great extent in attention to emergencies. These may be of the most trivial kind, but they may be of an appalling nature, such as try the souls of men, and it is often in this sort of work that the country doctor shows a power of correct and resolute decision which carries the day in the face of odds that appear to be insurmountable.

In surgery, as well as in medicine, the personal equation of the practitioner is a factor of paramount importance, and of all the elements which concur in the achievement of success, there is none of greater value than the posession of the rare faculty of so-called common sense. There was a justly celebrated surgeon in this city whose terse description of the operation for strangulated hernia is well worth remembering. He said, "Cut through the Latin names, and get to the gut." It takes but a moderate degree of skill to perform many an important operation, and a clear understanding of what is to be accomplished, with the utmost care never to cut unless you are sure of what your incision is going to accomplish, will often bring about a good result, which no amount of theoretical knowledge alone could have achieved.

In the treatment of fractures and dislocations the man with a mechanical bent of mind can accomplish wonders. In the treatment of wounds, accurate coaptation of severed services, and a thorough understanding of cleanliness, are the most important points. It is evident that in surgery an immense amount can be done by the man of quick perception and ready understanding, and we are thankful to be able to say that it is our belief that such individuals are many, and widely scattered over the land, helpful, energetic, with faculties keen and ready to bear upon the most knotty problems that may be presented by the appalling emergencies which so often arise in the practice of our country doctors.

Principal External Indications for Salicylic Acid.

Dr. Le Grix in Dos. Medical Review.

For many years, in my clinic, in the place of an iodoform, an excellent but very disagreeable medicament, on account of its penetrating and long lasting odor, I have substituted salicylic acid, in the simple dressing of wounds, and after small surgical operations. In these cases it renders the most valuable service.

Salicylic acid as is found in commerce is in the form of a white powder, or fine, needle-like, long or star-like; crystals of a yellow color. It has a slightly acid taste, and is but slightly soluble in water.

It is a light caustic upon the skin from which the epidermis has been removed; upon

humid skin it forms a yellowish white pellicule. Upon an open wound or sore it is painful for some minutes after its application, but the pain is not persistent. Mixed with equal parts of the spirits of turpentine, lanoline, and with three to four times their weight of vaseline, it is an irritant of the skin. This is an excellent application when used with friction or massage; the hand of the operator being guarded with a skin glove. Combined with bismuth it is an excellent topical application.

It is antiseptic, anti-microbic, analgestic, anti-rheumatic and efervescent. It may be employed in the form of a powder, as an unguent, in solution, in dosimetric granules which are sufficiently soluble in glycero-alcoholic water for hypodermic injection.

The principal indications for the external use of salicylic acid are: anthrax and furuncles, ulcerations, indolent and simple ulcers, affections of the skin and of the scalp, ulceration of the neck of the womb, of the uterus, and endometritis, muscular rheumatism, pains in general, warts, corns, etc.

Concerted Action for the Purpose of Securing Medical Expert Fees.

Reprint from the Medical Review.

An action, worthy of emulation, has been instituted by the Illinois State Medical Society. It consists in the creation of a fund for the purpose of re-imbursing Dr. J. M. Dixon, of Springfield, for the money he spent in fighting the city of Springfield for expert witness fees. Dr. John B. Hamilton, of Chicago, presented a report upon the matter at the East St. Louis meeting of the Illinois State Medical Society. Dr. Dixon was called as expert witness in a case, and kept several days from his regular practice, nearly ruining his business thereby. He was then offered the regular witness fee of $1.25 per day. He protested, and refused to further testify, for which he was fined for contempt of court. He paid the fine under protest, and then instituted legal proceedings to recover the fine paid, and also remuneration for his professional services. The case is now pending in the United States Supreme Court, and as all physicians are interested in it, they have voluntarily undertaken to defray the expenses of it. The amount which was subscribed, $216.65, was turned over to the treasurer with instructions to forward same to Dr. Dixon, and that the fund be kept open until the full amount of expenses incurred by Dr. Dixon, $540, be raised.

The above action is most commendable. Combined efforts should be made by the medical profession in all matters concerning its mutual welfare and interests. The indications are that this will be the case more frequently in the future. In fact, concerted action is becoming more and more popular in all walks of life, and much good may be expected from a mutual support, and efforts in everything that affects the interests of the entire medical body. The admonition can not be made too urgently, therefore, that every physician should take part in medical meetings whenever it is possible, and does not seriously interfere with equally important duties. It is just as much the duty of physicians to faithfully attend medical societies as it is to attend their patients.

Decreasing Birth Rates in America.

Reprint from the Medical Review.

French economists are consoling themselves for the gradual depopulation of their country by pointing out that many of the American States, including the whole of New England, are still worse off. The birth rate in France has fallen from 33 per 1000 at the beginning of the century to 22 per 1000, and is less than the death rate, so that if the present conditions continue, in about 200 years the French race will have become extinct, In many of the United States, however, matters are even more serious. The birth rate in Nevada is 16.30 per 1000, so that, even if no more people should emigrate from that State, its population would die out completely in less than 100 years. Maine comes next with a birth rate of 17.99 per 1000, which gives its race about a century

longer to exist. New Hampshire is third, with 18.4 per 1000. Vermont is fourth, with 18.5, and, strange to say, California, which comes next has a birth rate of 19.4 per 1000, or nearly 12 per cent. less than that of France. This fact, in view of the favorable climate, ample area, and diversity of interest, and employment characteristic of the State, is most striking. Following California is Connecticut, which has a birth rate of 21.4 per 1000. Massachusetts has 21.5. Rhode Island has 22.5, a somewhat higher rate than the French, but still insufficient to prevent the extinction of the present race within two or three centuries. Wyoming, with its 21.8, comes between Massachusetts and Rhode Island, while Oregon has a rate of 22.5. In most of the States, even those which have a low birth rate, the population is kept up, or increases, but the new blood comes from immigration. The conclusion to be drawn from statistics compiled is simply that, within a period varying from 60 to 200 years, according to circumstances, the Anglo Saxon race of inhabitants of New England and the Pacific Coast will be replaced by another.

Cancer Cured by the Injection of Alcohol.

The Texas Medical News.

Dr. Edwin J. Kuh, of Chicago, reports in the *New York Medical Record* for April 17, 1897, a case of primary cancer of the nasopharynx entirely cured by injection of absolute alcohol into the neoplasm daily. The case was satisfactorily diagnosed by himself and Dr. N. Senn, the previous history, and the physical appearance, as well as the histological appearances under the microscope, having given conclusive evidence of the malignancy of the growth.

The injections were begun with three minims, and rapidly increased to thirty minims. The reduction in size began after the seventh injection, and after the eleventh but remnants of the growth remained. After a dozen more injections the needle would not penetrate into tissues capable of retaining the alcohol, and after a few additional attempts at intervals of a week or longer, they were discontinued.

The first injection was made October 14, 1896, and on the 25th of February, 1897, the patient was thoroughly examined, and pronounced entirely well.

This suggestion was first made, says Dr. Kuh, by Drs. Karl Schawalbe and O. Hasse. of Nordhausen, Germany.

Schwalbe argued that if alcoholism will cause the formation of new connective tissue in the liver with atrophy of the perenchyma, lymphatics and blood vessels, the direct injection of alcohol into tumors ought to do the same.

Hasse injects the alcohol into the circumference of the tumor with the view to cutting off the blood supply, and thereby causing atrophy of the growth. He uses about a drachm of thirty to fifty per cent. strength of alcohol with water once or twice weekly in the beginning. This strength is less painful. The injection of alcohol for the cure of cancer is not new, as Hasse's first cases date back twenty-five years.

Report of the Rush Monument Committee.

Proceedings of the American Medical Association.

Dr. E. L. Gihon reported that the Rush monument fund was now only $4,016.19. In stirring words he eulogized Dr. Rush as the one to whom American physicians owed the greatest gratitude, and who was deserving of the homage of every lover of his country, because of the courage he always exhibited, and because of his martyrdom. He said, however, that he was almost discouraged and the association must now decide whether its origional intention to errect a suitable monument to this hero be carried out, or whether a small bust on a plain granite pedestal be put up in Washington as a measure of the honor which American physicians and patriots wish to pay to Benjamin Rush.

Dr. Cutter, of New York, moved that the association appropriate each year $1,000 until the necessary amount was raised.

Dr. Graham, of Denver, moved as an amendment that the sum of $100,000 be raised by members of the asssociation, and he gave his pledge that Colorado would give $2,000 of this amount.

This aroused enthusiasm, and contributions of $2,000 were pledged by Illinois, New York, Pennsylvania, Ohio and Missouri, and the representatives of the other States promised to devote their best efforts to the raising of a sum proportionate to their abilities. Many delegates promised individual subscriptions of $100 each.

It was moved and seconded that the editor be instructed to keep a standing appeal in the *Journal of American Medical Association* until the money be raised.

Dr. Henry P. Newman, the treasurer of the association, then read his report. The past year, he said, was one of the most prosperous in the history of the society, and the membership was steadily growing. The balance at present in the treasury amounted to a little over $5,000.

The Radical Cure of Hydrocele by a New Ambulatory Method.

The Texas Medical News.

Dr. J. N. Bartholomew, Professor of Surgery in the West Side Post-Graduate School and Polyclinic, Chicago (*Journal American Medical Association*, April 24), gives a new method for cure of hydrocele. He does not think the treatment is to be preferred in all cases, but in all where it is desirable to remove the sac the operation meets every indication.

The treatment is described as follows: The skin of the entire scrotum having been shaven and rendered aseptic, an incision a quarter of an inch in length is made in the most dependent portion of the scrotum down to the tunica vaginalis, being careful not to open the sac. Then by means of some blunt instrument, as grooved director, the sac is dissected from the overlying infundibuliform facia. This is done by inserting the instrument at the point of incision into the cellular tissue space immediately outside of the tunica vaginalis. By sweeping the instrument around the sac through this cellular tissue space, the sac is separated from the overlying structures speedily and with the greatest ease quite down to the epididymis on either side. After this has been accomplished the sac may be opened. After grasping a fold of the sac with a dressing forceps the sac is punctured, and the contents allowed to escape. The empty sac walls may now be easily drawn through the small incision, and divided close to the margin of the epididymis, although it is not essential to the success of the operation that sac wall be all removed. In cases in which only half of the sac was removed recovery seemed to be as prompt as those in which it was all removed. The sac having been disposed of, an examination of the testicle is made, if it is deemed necessary, by palpation and inspection. Any granulations or cartilaginous bodies found are removed.

The quarter of an inch incision will now be found to have contracted to less than its former length, by contraction of the dartos, and will require no attention. The incision being in the most dependent portion of the scrotum serves admirably the purpose of drainage.

The dressing is regarded as very important. The sac having been disposed of, the assistant grasps the testicle, and draws it well down; while by means of adhesive strips three-quarters of an inch wide the testicle is strapped, beginning as high as the hydrocele extended, and making circular turns around the testicle, each turn overlapping the former one about one-third of its width, until the entire testicle has been strapped in a case of epidiymitis. No drainage is necessary, as no effusion or hemorrhage will take place; no swelling can occur. The patient may be allowed to go about at will, and will experience very little pain. The strapping may be removed at the end of the first week, and a cure may be anticipated in two weeks.

The following advantages are claimed: It is extremely simple, and applicable in nearly all cases. It does not confine the patient to the bed or to the house. In many

cases an anesthetic is not required. The dangers of hemorrhage and sepsis are reduced to a minimum. A cure can be anticipated with almost absolute certainty.

The Plague.

Medical Record.

Mr. Julian Hawthorne, who was sent to India to describe the scenes of the famine and of the bubonic plague, returned recently to this country. He spent a fortnight in Bombay, and a fortnight in the famine district among the native villages. Vast numbers of Hindus and Bengalese, he says, have died from starvation, and he further asserts that the government figures represent not more than one-sixth of the actual deaths from the plague.

The June "Open Court."

A handsome portrait of Pythagoras, reproduced from an ancient cameo, forms the frontispiece of the June number of *The Open Court.* The main article is on "The Life of Pythagoras," by Prof. Moritz Cantor, of Heidelberg, Germany, the great mathematical historian, who has constructed an extremely lifelike and attractive picture of the great Grecian thinker.

Mr. A. F. Campbell, secretary of the Police Department of Chicago, writes on "The Department of Police as a Means of Distributing Charity." It will be remembered that the supplies for the starving poor in Chicago during the coldest days of the past winter were distributed through the agency of the police department. Mr. Campbell's article forms a supplement to the recent article in *The Open Court* by the Hon. Lyman J. Gage on "The Administration of the City of Chicago."

The Rev. Bernhard Pick's "Historical Sketch of the Jews Since the Captivity," is concluded in the present number. The author here traces the history of the Jews from the time of their golden Spanish period down to the most recent times, sketching not only their misfortunes but also their achievements in literature and science.

The editor discusses "The Immorality of the Anti-Vivisection Movement." He regards certain features of the anti-vivisection crusade as extravagant, and, in so far as the sentiment on which it is based is unreasoned, he views it as immoral. He takes as his text the article "In the Dissecting-Room," in the same number, where the ethical and utilitarian aspects of dissection are considered.

The remainder of the number is occupied by discussions on comparative religion, theology, and by reviews of recent French philosophical works, and of numerous important English and American publications.

(The Open Court Publishing Co., Chicago. Single copies, 10 cents. Annually, $1.

Pain and its Therapeusis.

Dr. R. W. Wilcoxin, M.D., in American Journal of the Medical Sciences.

Dr. S. V. Clevenger, after pointing out the disadvantages of various analgestic drugs, states that lactophenin is destined to supersede largely the entire array of analgestics proper, owing to its non-toxic peculiarities, and the feeling of comfort described by many physicians as following its use. It affords the best results with the least ill effects. Its range of incompatibility is less than other synthetic compounds, and it may be combined with caffein, quinine and salicylic acid. The minium dose of 5 to 10 gr. may be increased until a daily maximum of 45 gr. has been reached. It is but slightly soluble in water, although acting promptly, so that it can be given dry, and be washed down with a drink of water A dose of 15 gr. usually acts as a feeble hypnotic. There are no untoward symptoms following its use, and contrary to the experience with some synthetic drugs, the pulse becomes fuller and stronger under its use. The range of application is extensive, and the testimony of the author is in corroboration of the findings of other physicians as to its superior analgestic effects, its safety and promptness of action.